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PTO/SB/22 (04-07) Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) MWS-104 FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) March 24, 2004 Filed 10/809,152-Conf. #7394 **Application Number** METHODS AND APPARATUS FOR GRAPHICAL TEST AND MEASUREMENT For S. D. Alvesteffer Examiner 2173 **Art Unit** This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above Identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee Fee 120.00 \$60 \$120 One month (37 CFR 1.17(a)(1)) \$225 \$450 Two months (37 CFR 1.17(a)(2)) \$510 \$1020 Three months (37 CFR 1.17(a)(3)) \$795 \$1590 Four months (37 CFR 1.17(a)(4)) \$1080 \$2160 Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed.. Payment by credit card. Form PTO-2038 Is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number ____ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 August 10, 2007 Date Signature (617) 994-0732 Kevin J. Canning Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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11.

Dated: August 10, 2007

Total of

Signature:

(Kevin J. Canning)

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forms are submitted.

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Complete if Known

10/809 152-Conf. #7394

Under the Paperwork-Reduction Act of 1995, no person are required to				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number 10/809,152-Conf. #7394					
			Filing Date		March 24, 2004			
			First Named Inve	ntor	Patrick L. EDSON			
	For FY 200	<u> </u>		Examiner Name		S. D. Alvesteffe		
Applicant clai	ms small entity status	. See 37 CFR 1.27		Art Unit		2173		
		(\$) 120.00		Attorney Docket N	10.	MWS-104		
TOTAL AMOUNT OF PAYMENT (3) 120.00 Auditely Bediet No.								
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahlve & Cockfield, LLP								
For the abo	ve-identified depos	it account, the Dir	ector L	hereby authorized	d to: (che	eck all that apply)		
	ge fee(s) indicated			Charge	e fee(s) ir	ndicated below, ex	cept for th	e filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
		io and 1.17						
FEE CALCULAT		AMINATION FEE	9					
1. BASIC FILING,		AMINATION FEE: ING FEES	SE	ARCH FEES	EXAM	NATION FEES		
		Small Entity		Small Entity	F (\$	Small Entity	Foos F	Paid (\$)
Application Type			Fee (Fee (\$	<u>Fee (\$)</u> 100	Ledar	BIA IA
Utility	300	150	500			65	······································	
Design	200	100	100		130	80	·	
Plant	200	100	300		160			
Reissue	300	150	500		600	300		
Provisional	200	100	0	0	0	0		Small Entity
2. EXCESS CLAIM FEES Fee (\$) Fee (\$)								
Fee Description	Minchedina Baisse	nea)					50	25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) 200							200	100
Multiple dependent claims 360 180								
Total Claims	Extra Claims	Fee (\$)	Fee	Paid (\$)		Multiple Depende	nt Claims	
Total Olalina	z X			Fee (\$				<u>5)</u>
HP = highest number	of total claims paid for,	if greater than 20.						
indeo. Cialms	Extra Claims	Fee (\$)	Fee	Paid (\$)				
- 1	- x	and for Monaton these						
	of Independent claims	peid for, it greater than	13.					
3. APPLICATION	SIZE FEE	and 100 chasts o	face	r (excluding electr	onically	filed sequence or	computer	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50								
sheets or fract	ion thereof. See 3	5 U.S.C. 41(a)(1)((G) an	d 37 CFR 1.16(s).		••		
Total Sheets	Extra Sheet	22.702.702		additional 50 or fra		eof Fee (5)	Fee	Pald (\$)
	100 =	/50 =		(round up to a who			·	
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00								
SUBMITTED BY								
	new!			Registration No.	35,47	O Telephone	(617) 99	94-0732
Signature			1	(Attorney/Agent)		Date	August 1	
Name (Print/Type)	(evin J. Canhing					1000	August	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by fecsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on									
the date shown below.			·						
Dated: August 10, 2007	Signature:		(Kevin J. Canning)						